

THE SCIATICA SURVIVAL GUIDE

Dr. Anthony R. Galante DC CCSP

Algonquin
Chiropractic
Center

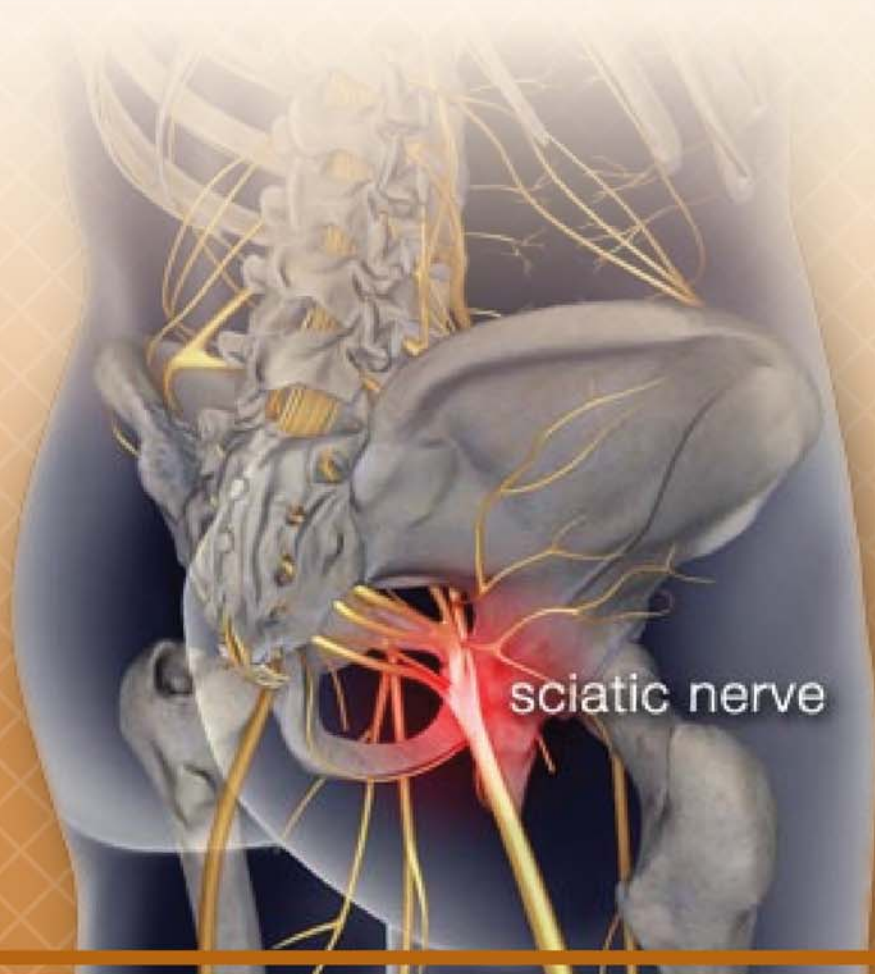


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About Dr. Anthony R. Galante



Dr. Galante grew up with back pain. His mother suffered with it, his father had stenosis and arthritis, his grandfather had 2 low back surgeries (neither surgery helped), several aunts and uncles have dealt with low back pain, with it being so prevalent in his family it wasn't a big surprise that Dr. Galante found himself in a chiropractor's office at the tender age of 17.

You see, Dr. Galante had a history of low back pain going back to middle school! For years the nagging pain was there, but it wasn't until a hard hit in a hockey game that landed the good doctor on his hip that the back really FLARED UP.

Dr. Galante had his chiropractor stumped, 3 weeks of treatment and not any better! After changing techniques and adding a few exercises the low back pain was gone....until the next summer.

While working his summer job at Ace Hardware, Dr. Galante was lifting air conditioners, the next morning he couldn't get out of bed! This time he was bedridden for 1 week (something we now know is not good for backs). Back to the chiropractor and Dr. Galante was back to work, but this time some residual pain lingered.

Suffering with back pain on and off in his 20's, he found traditional chiropractic techniques were not relieving the pain and it continued into his early 30's. This caused Dr. Galante to search for a solution. And he found one. The Cox Technique relieved Dr. Galante's back pain for the first time in 2 YEARS!

Read on to see how it may benefit you.

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OFFER

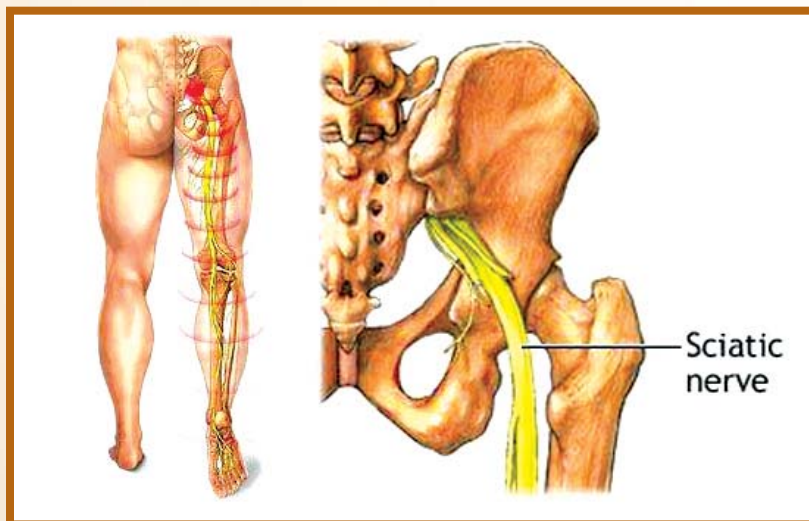
Credit good for first visit only. I am required to tell you this is not insurance and may not apply to federal health plans. Any X-rays performed are subject to a radiologist's reading, separate fee may apply. No cash value.

Introduction

Thank you for reading the Sciatic Survival Guide. Over the next several pages you will learn about sciatica, what it really is (and what it isn't), what causes it, what you can do at home and your treatment options, including the Cox Technique.

So let's get started!

Sciatica describes persistent pain felt along the sciatic nerve, which runs from the lower back, down through the buttock, and into the lower leg and foot. The sciatic nerve is the longest and widest nerve in the body. It controls the muscles of the lower leg and provides sensation to the thighs, legs and the soles of the feet.

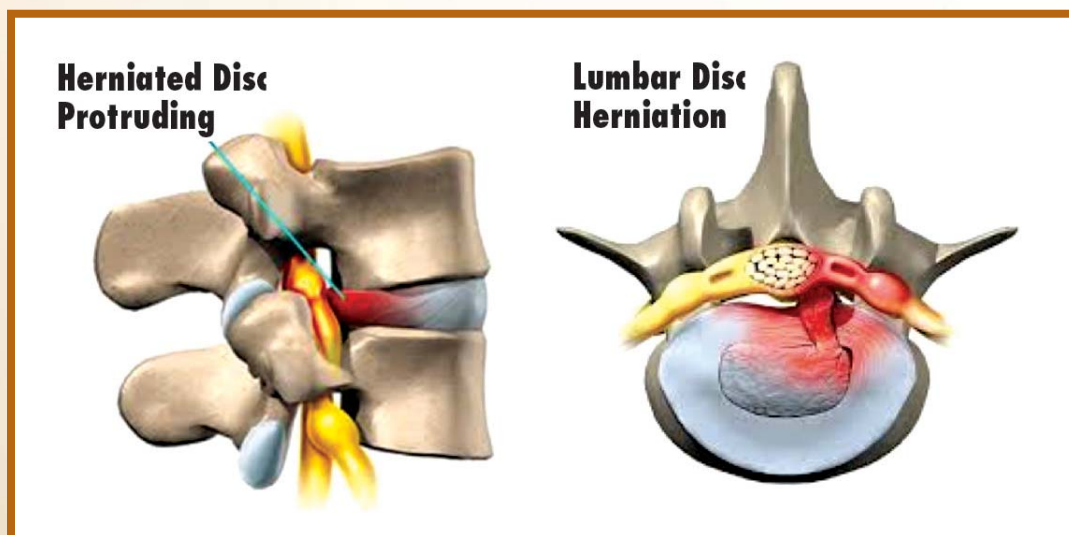


Sciatica occurs most frequently in people between the ages of 30 and 50 years old; however, we do see it in younger people (18-25) and in the older population (over 60).

Most often, it tends to develop as a result of general wear and tear on the structures of the lower spine, not necessarily as a result of an injury, but can be caused by lifting, bending, coughing, falling or motor vehicle accidents (or any trauma). Numerous patients have no idea what caused their sciatica.

The pathophysiology of sciatica can be found in the lower lumbar spine; this is where we find the discs.

The discs are between the bony vertebrae. Discs are the shock absorbers of the spine; the outer ring of the disc is cartilage, like the cartilage in your knee. This cartilage can wear down, weaken and bulge or tear causing a herniation. The inner disc contains a gel-like fluid which can compress the sciatic nerve resulting in pain, numbness and weakness in the back and leg.



7 Sciatica Myths Revealed

Myth 1: Sciatica Is A Disease

Sciatica is not a disease but a set of symptoms, pain being the most prominent among them. The pain is felt along the course of the nerve starting from the lower back to buttocks, calves and right down to the foot.

Other symptoms include tingling, numbness and sensation of pins and needles along the course of the nerve. Hence, sciatica cannot be labeled as a diagnosis but only as a symptom of another disease. The treating physician has to **find the cause** underlying the symptoms of sciatica.

Myth 2: A Slipped Disc is The Only Cause Of Sciatica

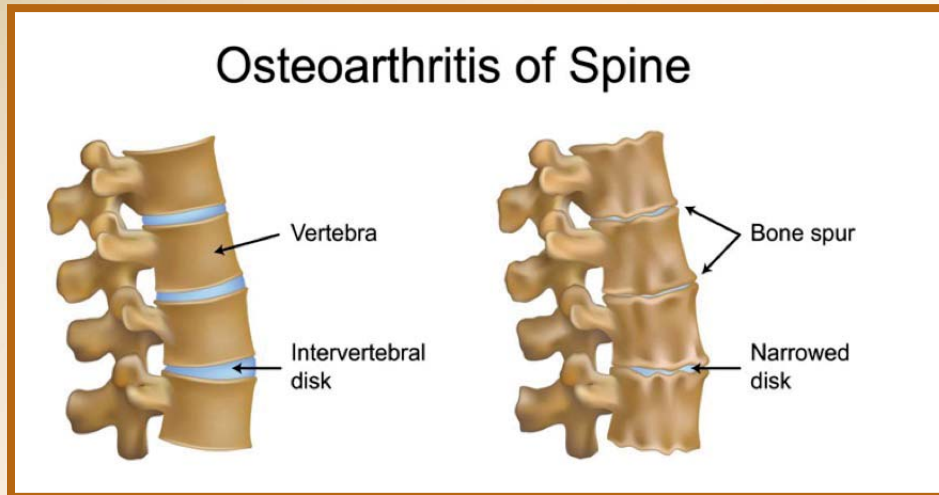
Although disc herniation is the most common cause of sciatica, it is not the only cause. As discussed above, with herniated discs, the intervertebral disc (disc between two vertebrae) comes out of its normal position and starts pressing on the nerve root, causing sciatica.

Other possible causes include:

- * Lumbar degenerative disc disease
- * Lumbar spinal stenosis
- * Spondylolisthesis
- * Trauma
- * Piriformis syndrome

Lumbar degenerative disc disease:

With aging, the discs in the lower back weaken and this causes irritation of the nerve roots causing pain.



Lumbar spinal stenosis:

In spinal stenosis, the spinal canal width decreases which results in the nerve roots being compressed. The pain is usually positional, brought on by activities such as standing or walking and relieved by sitting or lying down. We see this more commonly in people over 60.



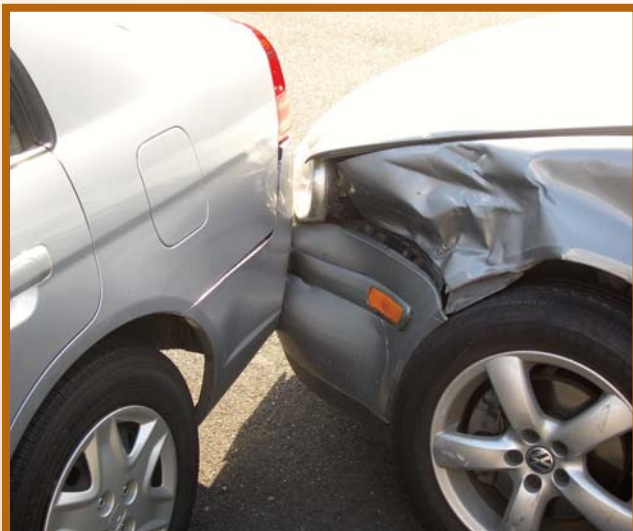
Spondylolisthesis:

In this, one vertebra slips forward over the adjacent vertebra. This too causes compression of the spinal nerves and results in pain.



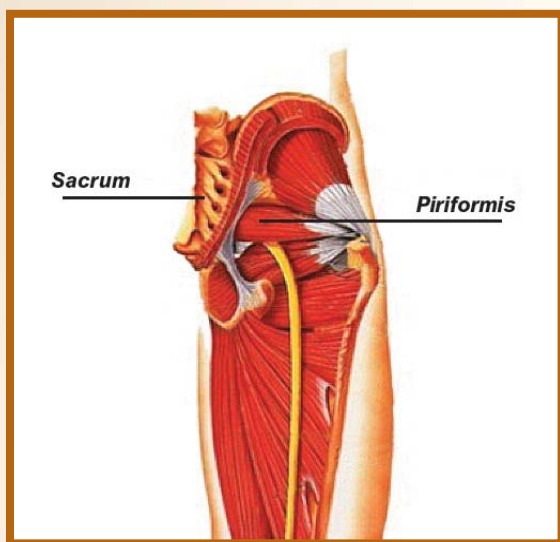
Trauma:

Direct impact on the spinal nerves by an external force such as an accident, injury or a fall on the back can trigger sciatica symptoms.



Piriformis syndrome:

The sciatic nerve usually travels under the piriformis muscle in the buttock. But in 15% of the population, it runs through the muscle, not under it. When this muscle shortens due to trauma or overuse, it compresses the sciatic nerve. Constantly carrying a thick wallet in the rear hip pocket can also cause sciatica.



Myth 3: Leg Pain Without Backache Cannot Be Sciatica

It is rare for sciatica patients to experience pain only in the leg and not in the back as well. Even if you are one of them, don't be fooled into believing that since the pain is in the leg, there's something wrong with your leg. If it is sciatica, a clinical examination will reveal that the problem originates in the back. Since the sciatic nerve starts in your lower back, then travels down to the buttocks, legs and feet, a nerve compression in the lower back may not cause low back pain, but pain in the leg. Having only leg pain may indicate a more serious condition.

Myth 4: The Treatment For All Sciatica Patients Is The Same

What works for one patient may not work for another, even if both have the same symptoms. The cause of pain may differ from one patient to another. Hence your treatment has to be based on the cause of your problem, your conditions and your response to treatment. We will discuss treatment options below. Our individualized treatment plans are tailored to each individual patient's needs.

Myth 5: Surgery Is The Only Way To Treat Sciatica

With sciatica, only a small percentage of people (1-5%) ever need surgery. It's advisable to try non-surgical methods before considering surgical intervention. Usually, surgery is suggested in cases of patients for whom conservative, non-surgical treatments have not helped and patients with red flag signs. However, some may need surgery to avoid further damage such as loss of muscle strength. Those with severe pain or significant loss of function may also be advised to have surgery.



The type of provider you choose to start treatment with will be a MAJOR factor as to whether you have surgery or not. A recent study in the prestigious *Spine Journal* reports that starting your sciatica care with an orthopedic or neurologic surgeon results in a surgical rate of 42.7%, while initiating care with a Doctor of Chiropractic results in a surgical rate of 1.5%!

And According to the Mayo Clinic “back surgery is needed in only a small percentage of cases.”

Ohio Bureau of Workman’s Compensation Study 2010

1450 patients diagnosed with disc degeneration, disc herniation or radiculopathy (sciatica).

Half treated with surgery, half treated conservatively. The results are amazing! After two years:

26% of the surgical group returned to work.

67% of the non-surgical group returned to work.

A 41% increase in the use of pain killers in the surgical group.

“The study provides clear evidence that for many patients, fusion surgeries designed to alleviate pain from degenerating discs don’t work”, says the study’s lead author Dr. Trang Nguyen, a researcher at the University of Cincinnati College of Medicine.

Myth 6: Complete Bed Rest Is The Best Treatment For Sciatica

Bed-rest should be recommended for as short a period of time as possible. Early mobilization is preferred. Prolonged periods of sitting and lying will cause increased stiffness and pain and prolong the recovery time. Bed-rest can cause muscle weakness and atrophy, movement is recommended within your pain tolerance. The more you can move the better!



Myth 7: We Must First Try Self-Treatment For Sciatica

There is back pain and then there is SCIATICA! Sciatica is a much more serious condition than “regular” back pain. Sciatica can cause unbearable low back pain, excruciating leg pain, tingling, weakness in the leg and foot and an inability to work or do most daily activities. Low back pain is one of the leading causes of disability in the United States and according to the Global Burden of Disease 2010 Project (a collaboration of numerous organizations including the World Health Organization, Harvard and Johns Hopkins School of Public Health) back pain is the NUMBER 1 cause of disability worldwide! ***Get professional help!***

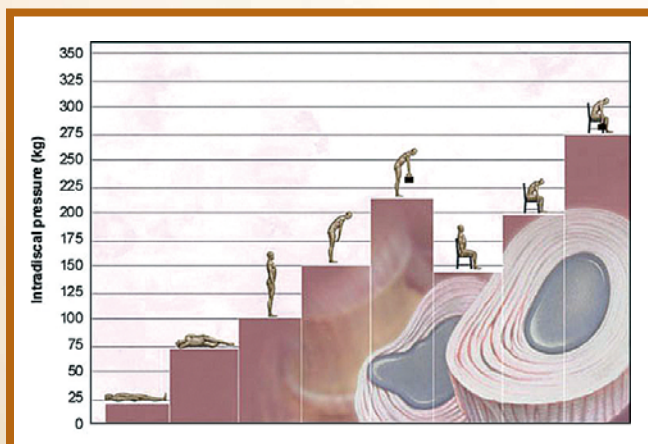
Why Do I Hurt When I.....

... Wake Up In The Morning?

While resting and being non-weight bearing during the night hours, the pressure comes off your spinal discs and they ABSORB FLUID. When discs absorb fluid they stretch the disc fibers. When you stretch an irritated tissue you get.....PAIN! The fastest way to decrease morning pain is MOVEMENT. You can start with some knee to chest stretches and pelvic tilts before you get out of bed. As soon as pain allows, progress to walking. When you start moving, weight bearing will force fluid OUT of the disc, decreasing pressure on sensitive disc fibers.

... Sit?

Sitting increases the pressure on your lumbar discs, increased pressure equals increased pain. Disc and sciatic patients like to stay moving. They feel better when they walk. Prolonged periods of sitting and driving tend to make the symptoms worse.



... Cough Or Sneeze?

Coughing and/or sneezing increases the pressure in your spinal canal, which pushes a herniated disc out towards the sensitive nerve fibers. Many patients have to “brace” themselves before a cough or sneeze to get ready. The most famous person to injure their low back with coughing and sneezing was Sammy Sosa, remember that?

... Bend?

Think of the sciatic nerve as a rubber band that goes from your back to your toes, anything you do to “stretch the rubber band,” will cause an increase in pain. So if you bend forward, if you sit in a chair and straighten your leg, if you take a big stride while walking, these can all increase back and leg pain.

... Roll Over In Bed?

The act of rolling over in bed increases the pressure on your discs which can push on the sensitive sciatic nerve. That is why sciatic patients wake up frequently at night, every time you move you are increasing the pressure on your discs and nerves.

What Can I Do At Home?

Ice

Cold therapy can be used in the form of a cold pack, ice cubes in a baggie, a bag of frozen vegetables (frozen peas work well) or ice massage. It is most convenient, and you will use it more often, if you get an ice pack you can strap or Velcro around your waist. This allows you to use ice and still do your daily activities. If you don't have an ice pack you can strap on, secure an ice pack to your back with a towel or ace bandage. 15 minutes on, then off for one-two hours is a good guideline to follow.



Avoid Bed-Rest

Prolonged periods of sitting or lying will make the pain worse and lead to muscle atrophy (weakness). Keep moving within your pain tolerance. If you can only walk from the living room to the kitchen, then do it...often. Sciatic patients usually feel better with walking and activity and worse with prolonged periods of sitting, driving or laying.

Topical Analgesics

Products such as Bio Freeze and Icy Hot, etc... Applying this to the painful areas may take the edge off the pain and make it more tolerable during daily activities or sleep. We have a specific brand we like, Cryoderm, but you can try over the counter brands as well.



Tennis Ball Trick

Sciatic patients will often have pain in the hip and buttock area. Try this: Lie on your back, either on the floor or a bed, and put a tennis ball under your buttock on the painful side. Let your body-weight compress and loosen the muscles. This may be painful so proceed with caution. If your muscles are very tender, start this on a bed. Leave the ball in place for 20-30 seconds then move the ball to the next area.

Gentle Stretching

This is NOT a time for aggressive stretching or strengthening exercises. The rule is simple, if any of your exercises increases your leg pain....STOP! Leg pain is a sign you are irritating the nerve, don't push it.

Knee/Chest Stretches

Lay on your back, interlock your fingers over your knee and gently pull towards the same shoulder and hold for 10-30 seconds. Now, do the same exercise, except pull the knee towards the opposite shoulder. Repeat 2-3 times.



Figure 4 Stretch

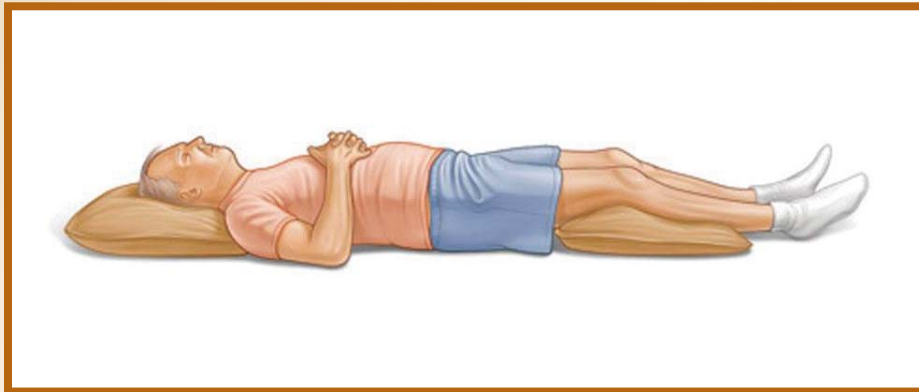
Lay on your back. Cross one leg over the other as shown. With your fingers interlocked, reach under your knee and pull. You should feel a strong stretch in your buttock area. Hold 10-30 seconds. Repeat 2-3 times.



Sleep Positions

Position 1

On your back with a pillow under your knees, this gently flexes the back which can relieve disc pressure.



Position 2

On your side with your knees bent (in the fetal position), with a pillow between your knees and ankles. This keeps the pelvis in proper alignment and avoids pelvic rotation.



Transitions

When Lying:

Roll onto your side near the edge of the bed or couch, slowly slide your legs off and push up with your arms.

OR

Roll onto your stomach, rotate your body so your legs are off of the bed or couch, touch the floor with your feet, then push up with your arms.

When Sitting:

Scoot to the edge of the chair, put your feet under you with your feet staggered. Put your hands on your thighs and stand straight up. Try to avoid bending forward at the waist when going from sitting to standing.



In And Out Of The Car

Getting In And Out Of The Car:

With your back facing the car seat slowly lower your torso and sit down, now turn your whole body to face the steering wheel. Bending and turning to get in or out of a car can be very uncomfortable.

While Driving:

Try to move your seat forward about an inch; this flexes the knees and low back which may provide some relief.

Play with your backrest position; some do better with it in a vertical position, some better with it back a little more. Use a small pillow or rolled towel in the small of your back, this supports the lumbar spine and can make driving more comfortable. You will have to play with the size of the support to see what is right for you.

Place a towel 2-3 inches thick under your buttock on the non-painful side. A patient with right low back and right leg pain would put a towel under their left buttock while driving. This causes your spine to open up on the painful side and may relieve some discomfort with driving.



Treatment Options

Your Primary Or Medical Doctor

The first place people usually go is to their primary, their Medical Doctor. Medical Doctors are very well trained and excellent in the field of medicine.



Let's take a look at their performance for musculoskeletal injuries. Look at these abstracts:

The Adequacy of Medical School Education in Musculoskeletal Injuries - *Journal of Bone and Joint Surgery*

This is the original article, which found that 85% of medical school graduates failed a valid musculoskeletal competency examination. They concluded that "we therefore believe that medical school preparation in musculoskeletal medicine is inadequate" and that medical students were inadequately trained to diagnose and treat musculoskeletal complaints.

Sciatica often causes severe pain and seeing your medical doctor for an exam and pain medication may be necessary.

Now Read This

An estimated 450,000 preventable medication-related adverse events occur in the U.S. every year.



Centers for Disease Control and Prevention (CDC) by the *Los Angeles Times* in 2009

For the first time ever in the US, more people were killed by prescription drugs than motor vehicle accidents.

Melody Petersen, author of *Our Daily Meds*

Prescription drugs taken as directed kill 100,000 Americans a year.
That's one person every five minutes!

Medication, for most people, is clearly not a long-term solution.

Physical Therapy

PT may be recommended by your medical doctor or orthopedic. Let's look at some research.



European Spine Journal 2006 Comparing the Cox Technic to Physical Therapy

- ✱ Subjects randomly allocated to the flexion–distraction group (Cox Technic) had significantly greater relief from pain than those allocated to the exercise program.
- ✱ Patients with radiculopathy (leg pain and numbness) did significantly better with Cox Technic and it provided more pain relief than active exercise (physical therapy).

The Journal of Alternative and Complementary Medicine looked at these same patients one year later and determined: “during the year after care, subjects who received chiropractic care (Cox Technic) had **significantly lower pain scores** than subjects who received physical therapy.”



Their Conclusion:

In this first trial on flexion distraction care (Cox Technic), flexion distraction was found to be more effective in reducing pain for 1 year when compared to a form of physical therapy.

Isn't that what we want from treatment?

Relief that lasts!

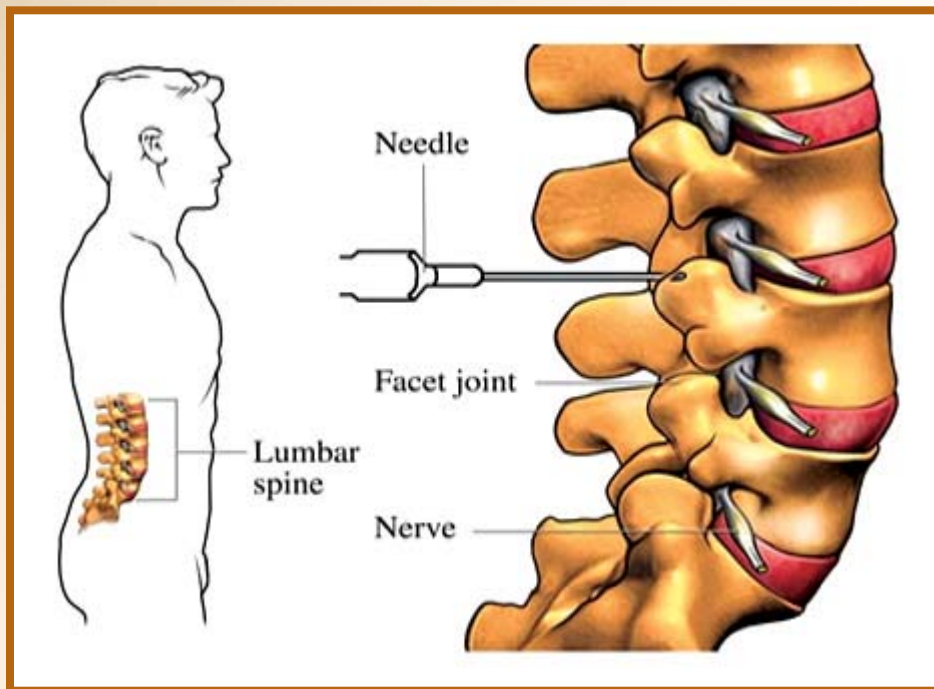
British Medical Journal

Chiropractic Treatment vs. Physiotherapy (PT)

Spinal manipulation (chiropractic care) provided greater improvement of symptoms in those suffering from persistent back and neck complaints compared with physical therapy. The patients receiving spinal manipulation also had greater improvements of physical functioning in fewer visits.

The Pain Doctor Or Pain Management

The pain doctor usually provides services like medication and injections to control inflammation and pain.



What does the research community think of epidural steroid injections?

Cleveland Clinic Journal of Medicine December 2004

And while 50% to 75% of patients with radicular pain received temporary relief after epidural injections, only 25% to 57% received excellent long-term relief.

Generally, patients who obtained little relief from the first injection received little benefit from a second or third injection.

Archives of Physical Medicine and Rehabilitation March, 2004

Reports epidural steroid injections provide 32% of patients sustained pain relief.

32%? Could we raise that number to 91%? Keep reading...

Journal of Bone and Joint Surgery Aug 1 2012

This study found epidural steroid injections show little to NO BENEFIT FOR PATIENTS WITH LUMBAR HERNIATED DISCS!

- * How does a shot work?
- * Does a shot heal the disc?
- * Heal the nerve?
- * Restore proper biomechanics?
- * Strengthen the spine?

No. A shot simply dries up inflammation, that's all it does, that's why shots can be temporary, because you are not healing the tissues and correcting the underlying cause.

If you do not correct biomechanics, the abnormal biomechanics will continue to irritate the disc and nerve and the pain and inflammation will return.

Orthopedic Surgeon or Spine Specialist

Surgeons are very skilled, very busy doctors.

Your surgeon should spend most of his time giving you alternatives to surgery and use surgery as a last resort, only when all else has failed.



Spine Journal 2012

- * 87% of spine surgery patients have at least one documented complication.
- * 39% had an extended hospital stay due to complications.
- * 73.5% had post-operative complications.
- * 10.5% had surgical complications.
- * 1.5% Died

British Medical Journal 2008

Conclusions: Outcomes for surgically treated patients and patients treated conservatively, were **similar** for one year and these did not change during the second year.

If you are going to be the same after 1 or 2 years why go through the surgery, the complications, the recovery time and the increased cost?

The Journal of Manipulative & Physiological Therapeutics 2010: Chiropractic (manipulation) vs. lumbar micro discectomy (surgery)

The results were “amazing” - 60% of patients with sciatica who had failed medical management benefited from chiropractic care. (This means you can start chiropractic care after seeing your MD, orthopedic and after surgery and still have better outcomes than injections).

Now if you have red flag signs such as progressive neurologic deficit (weakness that is rapidly getting worse), cauda equina syndrome (most prominent symptom is loss of control of bowel or bladder), pathology (cancer or tumor) or fracture, infection, fever, and severe pain at rest you may need immediate surgery or immediate referral, but these cases are less common.

Chiropractic Care, Including The Cox Technique



The first concern of patients is, "Is it safe?"
Do you trust the Mayo Clinic? Let's ask them...

Mayo Clinic October, 2012

"Chiropractic adjustment is safe when it's performed by someone trained and licensed to deliver chiropractic care."

Agency for Health Care Policy and Research (AHCPR)

Published the AHCPR Guidelines which state: "...manipulation...is safe and effective for patients..."

Is it Safe Enough For Elite Athletes?

Joe Montana "I've been seeing a chiropractor and he's really been helping me out a lot. Chiropractic's been a big part of my game. Chiropractic care works for me."

Evander Holyfield "I have to have an adjustment before I go into the ring. I do believe in chiropractic. I found that going to a chiropractor three times a week helps my performance. The majority of boxers go to get that edge."

Greg Mathews (Former Chicago Cub) Credits chiropractic with helping him get off the disabled list and overcome a career-threatening slump!

Ryne Sandberg (Former Chicago Cub) His wife Cindy explained, "He's had some awesome games after getting an adjustment. He was frequently adjusted before games."

Gerald Wilkins [NBA Basketball Player 1985-99] "I didn't know how much I could improve until I started seeing a chiropractor. Since I've been in chiropractic, I've improved by leaps and bounds, both mentally and physically."

And recently in the news, Sydney Crosby, Jonathon Toews, Derrick Rose, Tiger Woods and Tom Brady seek the care of chiropractic physicians.

If chiropractic wasn't safe these highly paid, world class athletes would not put their bodies in harm's way. Not only is it safe, most athletes say they perform better!

Patient Satisfaction

If you are going to spend the time and money to correct a health condition, you want to make sure you get quality care and you are satisfied with your care.



Chiropractic care has some of the HIGHEST PATIENT SATISFACTION ratings of any health care provider! Look at this:

Health and Human Services Final Medicare Demonstration Project Report, January 2010

“When asked to rate their satisfaction on a 10-point scale:

- ✱ 87% of patients in the study gave their doctor of chiropractic a level of 8 or higher.
- ✱ 56% of those patients rated their chiropractor with a perfect 10!”

Consumer Reports, May 2009

The report states that, "88% of those who tried chiropractic manipulation said it helped a lot, and 59 percent were 'completely' or 'very' satisfied with their chiropractor."

Journal of Manipulative and Physiological Therapeutics, May 2006: Low Back Pain Study:

- * Pain levels improved significantly from a mean of 7.6 (on a scale from 1-10) before treatment to 1.9 after treatment.
- * The overall patient satisfaction rate was **94%!**

Does It Work?

Topics in Clinical Chiropractic

- * Disc herniations take longer than sprain/strains
- * 91% of patients relieved within 90 days, keeping them from the chronic pain stage
- * 1000 patients were treated with the Cox Technique, 91% of patients found the relief they were looking for!

91% is a lot better than 32%!

Journal of Manipulative and Physiological Therapeutics

- * 31 year old man with severe low back pain and weakness of the left leg.
- * Absent Ankle reflex.
- * Decreased sensation (feeling) in the leg.
- * MRI showed a large L5-S1 disc herniation.

Cox Technique was part of the treatment resulting in return to work in 27 days.

- * 20 visits over 50 days with total remission.

The 31 year old male above was a case report published in a respected journal; now listen to a few cases of patients treated in our office.

"I cannot say enough about Dr. Galante. I had severe back and leg pain. I had so much pain I could barely walk. I saw several surgeons who recommended immediate surgery. I was so frightened! Dr. Galante convinced me that his expertise and experience could help keep me from that surgery. I went with his program and treatments and am so happy to say that it has been 7 years and I am doing great and best of all, no surgery!. I truly feel he saved my life. Thank you Dr. Galante."

Margaret H.

"I had severe low back pain AT ALL TIMES for months. The sharp pain went down my right leg and into my foot. I had extreme loss of mobility, could not perform the duties of my job and had NO energy for a social life. The orthopedists told me the steroid injections would help, but they didn't. Neither did the painkillers. I finally found Dr. Galante and as the pain decreased, I slowly regained my mobility and flexibility. I could work again and do chores around the house without extreme pain. I don't hurt anymore and NO SURGERY! Listen to the doctor, he knows his stuff, the painkillers didn't fix my problem but Dr. Galante did. If my herniated disc could be fixed, your problems can be too. The staff there are caring individuals, all with the goal of restoring your wellness."

Chris L.

"I've had two major injuries that Dr. Tony has helped me with. I've ruptured a disc in my low back that had me crawling on the floor. With some intensive therapy, no surgery was needed, I was chasing after my daughter in no time..... Dr. Tony was able to restore my range of motion and get rid of the pain. I feel great! "

Dave B.

"I have been seeing Dr. Galante for more than one year for a chronic back problem. His treatment program helped me avoid more invasive alternative solutions. Additionally he has been helping me protect myself against future problems through regular proactive treatments and exercise. As evidence I have not had a reoccurrence of my back problems since seeing him. Both Dr. Galante and his staff are incredibly helpful and friendly and I highly recommend his office if you are experiencing similar problems."

David L.

"I went to see Dr. Galante about 4 weeks ago with severe back and leg pain. Through his treatments and recommendations I can walk, sit, and stand without any more pain. The staff there is very knowledgeable and friendly. I will continue see Dr. Galante in the future, I believe he has truly made a difference in my day to day activities."

Chad B.

What Can You Expect?

Are you suffering with sciatica? If you have read this far, you are likely looking for some answers.

At Our Office You Can Expect:

A Warm Welcome

You will be greeted on the phone and in person by warm, friendly, sympathetic staff. You will never have a sliding glass window shut in your face.

A Consultation With The Doctor

Many aspects of your health will be discussed and will include how the problem is affecting your life.

- * What are you limited from doing?
- * What do you want to do but either can't or are afraid to do because of the pain?
- * How is the problem affecting your work life, your social life, your relationships, your marriage?

Some people cry during the consultation, that's OK, pain can affect YOUR life like NO ONE ELSE knows.

An Examination That Includes:

- * A chiropractic examination.
- * Body alignment.
- * Range of Motion.
- * Biomechanical evaluation of the lower extremity.
- * Palpation for spinal misalignments, muscle spasms and hypertonicity.
- * Leg length evaluation.
- * Muscle strength.
- * An orthopedic and neurological evaluation that includes:
 - Orthopedic testing
 - Deep tendon reflexes
 - Sensory and motor evaluation
 - Nerve root tension tests

**Diagnostic imaging such as X-ray, MRI and EMG
as necessary**

Lab (blood and urine tests) work as needed

A Report of my Findings

The Next Step...

If I determine I can help you, if I can accept you as a patient and if you qualify for our treatment plans we will design an individualized treatment plan specifically for your problem that may include but not limited to:

- * Cox Technique.
- * Manipulation.
- * Physical Therapy Modalities.
- * Muscle and soft tissue work, including massage therapy.
- * Orthotic Therapy
- * Rehabilitation
- * Diet and Nutrition
- * A Home Exercise Program

What Does This Cost?

With higher deductibles and co-pays these days, you need to make your healthcare dollars go a long way, you need “bang for your buck,” in other words, for the money you spend you want RESULTS! That is where chiropractic comes in!



Systematic Review of Cost Effectiveness Studies, October 2012

SMT (chiropractic care) was found to be a cost-effective treatment to manage neck and back pain when used alone or in combination with other techniques compared to GP care (medical doctor), exercise and physiotherapy (physical therapy).

This is amazing! More “bang for your buck,” with chiropractic care. This next study is absolutely mind-boggling! No one wants to become disabled, so if you were injured and could significantly reduce your odds of becoming disabled would you want to do it?

Journal of Occupational and Environmental Medicine, April 2011

This study found that you are:

- ★ Twice as likely to end up disabled if you get your care from a Physical Therapist
- ★ 60% more likely to be disabled if they choose a Medical Doctor to manage their care, rather than a chiropractor!

Did you know this?

How much will this information save you?

Journal of Manipulative and Physiological Therapeutics, June 2004

Analysis of clinical and cost outcomes on 21,743 member months over a 4-year period chiropractic patients had:

- ★ 43.0% decrease in hospital admissions.
- ★ 58.4% decrease in hospital days.
- ★ 43.2% decrease in outpatient surgeries and procedures.
- ★ 51.8% decrease in pharmaceutical cost.

Amazing! Did you know this?

To answer the question, "How much will this cost?"

The answer is, "a lot less with chiropractic care!"

If you are going to pay for health care services, don't you want to pay less and get great results?

We will verify your insurance benefits and let you know your exact costs before we start treatment. No surprises.

Closing Remarks

Congratulations, you now know more facts about sciatica than most people. The fact that you have sciatica may not be your fault, but getting rid of it is now, unfortunately, your responsibility. You have read a lot of information, now it is time to make a choice; a choice that may affect the rest of your life. When considering chiropractic care I hear a lot of concerns, let me briefly discuss those.

I Can't Afford It!

You need to get rid of your problem, you are going to pay someone, be it a MD, PT, Orthopedic, pain doctor, etc... wouldn't you rather pay less for a treatment that is more effective with virtually no side effects and no down time? Treatment is very affordable and you will know exactly what your costs will be before we start treatment. It will cost you very little to find out if we can help.

Consider this: You and a co-worker are off work due to sciatica. Your friend has surgery and is off work 4-8 weeks with several complications. You go to a chiropractor that uses the Cox Technique and are back to work in 1-2 weeks. You are back to work 3-6 weeks BEFORE your co-worker! How much would that save you?

My Insurance Won't Cover It!

Unfortunately, your insurance company is not responsible for your health and they are not concerned with your long term well-being like you are. The good news is that most insurance companies do cover chiropractic and the Cox Technique. We will verify your benefits and let you know your exact costs before we start treatment.

You Will Make Me Worse And It's Going To Hurt!

One of the nice features of the Cox Technique is we can perform "tolerance testing." This is where we test a patient on the Cox Table to see their reaction to the procedure. Pain – we stop. No pain – we proceed cautiously. This is one of the only physical medicine procedures we can test before we start treatment! Will it make you worse? Chiropractic and the Cox Technique are very safe procedures with very few side effects. Most people feel relief after their first treatment!

I Don't Have Time; My Schedule Is Too Busy

As you have read, sciatica is a serious condition. If you had a serious disease that could permanently disable you or have a major impact on the long term quality of your life you would make time for it. We have flexible hours, mornings, evenings and Saturdays. Unfortunately, there is not a quick fix for this, it will take some time and effort and in the long run it will be well worth it.

Why Come Here?

I have been a practicing Chiropractic Physician for over 20 years. During that time, I have been treating your friends, neighbors and co-workers. You probably know someone that has been here! I have successfully treated hundreds of cases of sciatica. When I can't get the job done, I have developed a network of conservative physicians that I refer to as needed.

I graduated from National University of Health Sciences in 1992 and am currently licensed by the state of Illinois, certified by the National Board of Chiropractic Examiners, a member of the American Chiropractic Board of Sports Physicians, the Illinois Chiropractic Society and the American Chiropractic Association.

I became certified in the Cox Technique in 2001. I spent hundreds of hours in study with the creator of the technique himself, Dr. James Cox. (Dr. Cox is one of only TWO Chiropractic Physicians to ever lecture at Harvard Medical School.) I can consult with Dr. Cox on difficult cases and Dr. Cox has referred patients to MY OFFICE for treatment.

I am also certified in Sports Medicine which allows me to use cutting- edge technologies and techniques to serve you better. We utilize modalities, rehabilitation, massage therapy and kinesio-taping as needed. Many professional athletes utilize the services of Chiropractic Sports Physicians like Joe Montana, Sydney Crosby, Jonathon Toews, Jerry Rice, Emmitt Smith, Derrick Rose, Tom Brady and many others. I have personally treated NHL Coaches, Division 1 College Football players, professional golfers, consulted with a MLB pitcher and have treated many prominent local athletes that you may know.

I am here to help you, to help you improve the quality of your life. Patients tell me their sciatic pain “takes my life away.”

We Will Help You “Get Your Life Back!”



Life Changing Offer

Sciatica is a problem, a serious problem. You now know you have choices. Why try to do it the hard way, why spend unnecessary time and money? Why not start with the techniques proven to get you better faster for less money? The decisions you make to treat your sciatica could have life-altering repercussions. So, please, do something. Don't wait.

After 20 plus years of practice one phrase I hear over and over is, "I thought it would go away." All treatments are NOT the same, take your time to evaluate which one would be best for you. Use the information you have learned here as your guide.

I want to thank you for reading this book. I know your time is valuable. I hope it has shown you how you can not only survive sciatica but conquer it.





If after evaluating your options you feel like our office would be a good place to start your sciatic care, please take advantage of the following offer...

Mention this publication and receive \$75 off of your initial consultation and examination*

I sincerely hope the information in this book will help you improve the quality of your life.

I look forward to meeting you soon and helping you with your health challenges.

Thank You.

Dr. Anthony R. Galante DC CCSP

*Credit good for first visit only. I am required to tell you this is not insurance and may not apply to federal health plans. Any X-rays performed are subject to a radiologist's reading, separate fee may apply. No cash value.

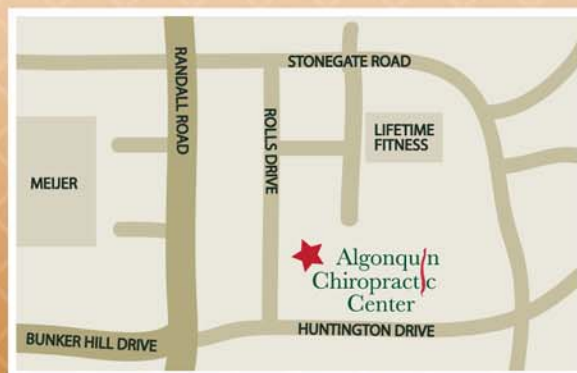
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